



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

15/1633

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

|                                                                                             |                      |                        |                              |
|---------------------------------------------------------------------------------------------|----------------------|------------------------|------------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/412947-Conf. #1312  |                              |
|                                                                                             | Filing Date          | October 5, 1999        |                              |
|                                                                                             | First Named Inventor | Sudhir AGRAWAL         |                              |
|                                                                                             | Art Unit             | 1633                   |                              |
|                                                                                             | Examiner Name        | Janet L. Epps Ford     |                              |
| Total Number of Pages in This Submission                                                    | 27                   | Attorney Docket Number | HYZ-050CP2<br>(47508-446US8) |

**ENCLOSURES (Check all that apply)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input checked="" type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Return Receipt Postcard |
| <b>Remarks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                           |          |        |
|--------------|-------------------------------------------|----------|--------|
| Firm Name    | WILMER CUTLER PICKERING HALE AND DORR LLP |          |        |
| Signature    | <i>Alvin E. Coker Reg. # 52,770 for</i>   |          |        |
| Printed name | Ann-Louise Kerner, Ph.D.                  |          |        |
| Date         | October 11, 2005                          | Reg. No. | 33,523 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 11, 2005

Signature:

*Stephanie R. Douglas*

(Stephanie R. Douglas)



PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                                                   |  |                          |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|---------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b> |                           |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                         |  | Application Number       | 09/412947-Conf. #1312     |
| TOTAL AMOUNT OF PAYMENT (\$)                                                                                                                                      |  | Filing Date              | October 5, 1999           |
| 65.00                                                                                                                                                             |  | First Named Inventor     | Sudhir AGRAWAL            |
|                                                                                                                                                                   |  | Examiner Name            | Janet L. Epps Ford        |
|                                                                                                                                                                   |  | Art Unit                 | 1633                      |
|                                                                                                                                                                   |  | Attorney Docket No.      | HYZ-050CP2 (47508-446US8) |

|                                                                                                                       |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                       |                                                                                   |
| <input type="checkbox"/> Check                                                                                        | <input type="checkbox"/> Credit Card                                              |
| <input type="checkbox"/> Money Order                                                                                  | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify): _____                                                               |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account                                                                   | Deposit Account Number: 08-0219                                                   |
| Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP                                                       |                                                                                   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |                                                                                   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                                     | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                      |                                  |                       |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                     |                                                         |                    |                      |                                  |                       |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b>  |                                                         | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|                                                                                                                                                                                                                                                                                                                   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                                         | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                | 250                  | 200                              | 100                   |                       |
| Design                                                                                                                                                                                                                                                                                                            | 200                 | 100                                                     | 100                | 50                   | 130                              | 65                    |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                 | 100                                                     | 300                | 150                  | 160                              | 80                    |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                | 250                  | 600                              | 300                   |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                 | 100                                                     | 0                  | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                     |                                                         |                    |                      |                                  |                       |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                      |                                  | <b>Small Entity</b>   |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                     |                                                         |                    |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                     |                                                         |                    |                      |                                  | 200                   | 100                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                     |                                                         |                    |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| =                                                                                                                                                                                                                                                                                                                 |                     | x                                                       | =                  |                      | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>  |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| =                                                                                                                                                                                                                                                                                                                 |                     | x                                                       | =                  |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                     |                                                         |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                                                         |                    |                      |                                  |                       |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                       |                       |
| - 100 =                                                                                                                                                                                                                                                                                                           | /50                 | (round up to a whole number) x                          |                    | =                    |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                      |                                  |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                     |                                                         |                    |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Other (e.g., late filing surcharge): Statutory Disclaimer                                                                                                                                                                                                                                                         |                     |                                                         |                    |                      |                                  | 65.00                 |                       |

|                     |                          |                                   |                  |
|---------------------|--------------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                          |                                   |                  |
| Signature           | <i>Ann-Louise Kerner</i> | Registration No. (Attorney/Agent) | 33,523           |
| Name (Print/Type)   | Ann-Louise Kerner, Ph.D. | Telephone                         | (617) 526-6000   |
|                     |                          | Date                              | October 11, 2005 |

|                                                                                                                                                                                                                                                                  |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                                                             |
| Dated: October 11, 2005                                                                                                                                                                                                                                          | Signature: <i>Stephanie B. Douglas</i> Stephanie B. Douglas |